

Issues in the First Year

curriculum

supportive housing training series



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Curriculum

Developed by Center for Urban Community Services

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Issues in the First Year is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:

U.S. Department of Housing and Urban Development: www.hud.gov

Center for Urban Community Services: www.cucs.org

Corporation for Supportive Housing: www.csh.org

HUD CURRICULUM ISSUES IN THE FIRST YEAR

PURPOSE AND GOALS:

In this training, we will discuss a critical period in the development of a supportive residence, the first year. Our goal is to assist participants in preparing for this often stressful period. At the end of the training participants, will be able to:

- Understand the significance of and prepare for issues that commonly arise in the first year of opening a supportive residence
- Understand the types of adjustments and stressors individuals face when moving into permanent housing
- Understand the impact of the homeless experience on new tenants
- Assist residents in the transition to permanent housing
- Develop trusting relationships with tenants
- Define case management and establish effective boundaries
- Promote and encourage social networking among community members
- Assist tenants in the development of independent living skills
- Develop program expectations and goals
- Develop basic policies, procedures and house rules
- Develop a service philosophy and menu

AGENDA

I. INTRODUCTION

- A. How Permanent Supportive Housing Differs from Other Programs
- B. Preparing for the First Year

II. UNDERSTANDING ADJUSTMENTS FOR THE INDIVIDUAL IN THE TRANSITION TO HOUSING

- A. Understanding The Impact of Homelessness
- B. Post Move-In Stressors
- C. Feelings and Behaviors to Expect

III. ASSISTING RESIDENTS WITH ADJUSTMENTS TO PERMANENT HOUSING

- A. Services to Assist in the Adjustment to Permanent Housing
- B. Developing Trusting Relationships with Tenants
- C. Case Examples

IV. PROGRAM DEVELOPMENT STRATEGIES

- A. Establish Clear and Reasonable Goals and Expectations
- B. Develop Basic Policies and Procedures
- C. Develop House Rules
- D. Establish Rent Up Procedures Including Interviews and Intake
- E. Develop a Service Approach
- F. Anticipate and Plan for Common Problems

HANDOUTS

1. Milestones and Issues in the First Year
2. Preparing for the First Year of Opening a Supportive Residence
3. Understanding the Impact of Homelessness
4. Psychiatric Decompensation and Relapse
5. Housing Skills & Supports Checklist
6. Supports Needed in Housing
7. Engagement Strategies
8. Case Examples — Reactions to Move In
9. Supportive Services Planning Worksheet: Menu of Services Available to Residents
10. Program Goal Considerations
11. Translating Goals into Services: Practice Exercise
12. Developing Policies and Procedures: A Guideline for Supportive Housing Providers
13. Sample Core House Rules for Supportive Housing
14. Tips for Designing House Rules in Supportive Housing
15. Tips for Starting a House Rules Committee
16. Intake Considerations
17. Housing Intake: Interview and Assessment Areas
18. Common Obstacles to a Smooth Intake Process
19. Housing Intake: Case Examples
20. Supportive Services Planning Worksheet: Service Approach & Staffing Patterns
21. Steps to Developing Effective Communication Structures
22. Anticipate and Plan for Common Problems that Arise in the First Year of Opening a Residence

Trainer's Preface for Issues in the First Year Curriculum

I. Brief Summary of Curriculum Content

This curriculum contains at least six hours of verbal content. This does not mean that all of the content must be covered in its entirety. Depending on the intended focus of the training and the format (exercises and small group discussions vs. large group presentation), portions of this training can be elaborated, abridged and/or deleted.

II. Good Training Practice

A. How People Learn

People learn through a combination of lecture, visual aids and participation. The more actively they are involved in the process, the more information they will retain. For this reason, eliciting answers from the group rather than presenting material is usually preferable. Additionally, it is important to include exercises that stimulate interaction and experiential learning and not spend all of the time lecturing. Be aware, however, that group participation and discussion take more time than straightforward presentations and may cut down on the amount of content possible to cover. What is minimized or deleted from the curriculum should be based on the assessment of the group's learning needs and the goals initially contracted with the group.

B. Know Your Audience

The type of setting that the trainees work in and their roles will determine the areas of the curriculum that the trainer will focus on. Gathering as much information about the group beforehand is recommended.

C. Introductions and the Training Contract

Introductions should provide the trainer with more information as to who the audience is. The trainer will want to know the person's name, program and role, and what s/he hopes to get out of the training. The trainer should then clarify what will and will not be covered. This is the training contract.

D. Acknowledge and Use Expertise of the Participants

This is important as it allows people to learn from each other, builds group cohesion, keeps people involved and establishes an atmosphere of mutual respect.

E. Flexibility

Throughout the training, the trainer should continually assess the needs of the group and revise the amount of time devoted to each specific topic. Responding to the needs and interests of the group must be balanced with the agreement to cover certain topics. It is the trainer's job to respond to the needs that arise and yet stay focused on the subject matter. For example, if some of the trainees have recently experienced a suicide or a violent incident in their setting and want to use the training to process what happened, the trainer should assess to what degree this will be instructive for the entire group and to what degree it will detract from the overall presentation.

III. Training Content

A. Sequence of Content

This training is designed to take trainees through the first year of opening a supportive residence by moving from the perspective of individual residents to concerns of the staff, and finally ending with program development strategies. It is optimal to begin the training in the order that it is written so that trainees start with an understanding of resident needs and move towards addressing those needs.

B. Flexibility of Content

The focus of this training can be altered depending upon the needs and experiences of the majority of trainees. Areas of interest will be influenced by how long the trainees' program has been operating. If this training takes place prior to the residence opening, it can be difficult for trainees to think about issues that seem distant, and events that might not materialize. The trainer should stress the importance of preparing for *whatever might occur* during the first year with these trainees. Trainees whose programs have already opened can share their experiences of renting up a building and discuss how they assist residents in transitioning into permanent housing.

If time is limited, some information that is provided on handouts can be referred to but not discussed in the training.

Finally, the trainer should expect to delve more deeply into clinical issues with an audience that is primarily service-based, whereas the focus will be more on establishing policies and procedures with a group comprised of property management staff.

IV. Time Management of Content

Each section of the agenda has time frames allotted. The trainer should be aware that if a great deal of time is devoted to one topic area, other content areas might be sacrificed. Group exercises can always be abridged if necessary for time's sake. For example, if the group exercise involves dividing into four groups to work on four separate cases, the trainer should consider having each group work on a smaller number of cases. This will shorten the report back time, but will not eliminate the group process. Remember, elicitation and discussion take more time than lecturing but less time than small group exercises. The trainer needs to balance this with the fact that lecturing is also the least effective way to learn.

The trainer will find that each time this curriculum is trained, it will vary. Being mindful of good training practice and making adjustments to the timing and sequence will allow for a tailored training that will be most beneficial to participants.

TRAINER NOTE: Post-training goals, objectives and the agenda on newsprint. Discuss what will and will not be covered so trainees know what to expect. Go around the room and have trainees introduce themselves, their agency, role, how long their residence has been open and what they hope to get out of the training today.

LEARNING POINTS

It is important to discuss what will and will not be covered during this introduction so that trainees know what to expect — this is the learning contract. If someone mentions something in the go round that is not on the agenda but related, see if it can be tied in at an appropriate point in the training. Similarly, if the group is interested in exploring certain topic areas more in-depth, it is possible for the trainer to do this.

I. INTRODUCTION

A. HOW PERMANENT HOUSING DIFFERS FROM OTHER TYPES OF PROGRAMS

TRAINER STATES:

There are several categories we've come up with that describe the types of differences between permanent housing and other types of service programs. Providers who are new to supportive housing are often surprised how different it can be from the other types of programs they have operated.

TRAINER ELICITS:

WHAT DO YOU THINK SOME OF THE DIFFERENCES ARE BETWEEN PERMANENT SUPPORTIVE HOUSING AND OTHER TYPES OF PROGRAMS, SUCH AS TRANSITIONAL OR TREATMENT FOCUSED PROGRAMS? [Expected responses include:]

TRAINER NOTE: *PUT CATEGORY TOPICS (LISTED BELOW) ON NEWSPRINT. FILL IN DETAILS AS TRAINEES STATE THEM.*

Philosophy

- A shift in philosophy of service provision may be required for agencies familiar with running transitional or treatment-based programs. Transitional programs have no lease, and participation in services can be a requirement for remaining in the program.
- In permanent housing, tenants have a lease and rights of tenancy. Program participation is voluntary in permanent housing and providers must make services relevant and appealing to tenants.

- In transitional or treatment-based settings, people often participate in services in order to get the housing and don't see any need to continue with such participation after achieving their goal. Providers must link services to helping tenants maintain their housing.

Environment

- Programs often have a clinical or institutional feel and most tenants don't want this environment for their homes.
- This requires a shift in thinking for staff and consideration of things such as location of offices, notices for groups and activities and the design of common spaces. In supportive housing, the housing is primary, services secondary.

Rules

- The rules in treatment programs are generally developed by staff. In housing, there is usually a more democratic process based on the premise that people have a right to decide the type of environment they envision for their homes and what is and isn't important to them.
- If a program participant doesn't follow the rules in a treatment program, they can usually be kicked out without having much legal recourse. In permanent housing, providers can evict people only if they violate their lease agreement.

Goals

- In transitional programs the focus or goal of services is to secure permanent housing and/or achieve stability. In permanent housing, the focus of services is on maintaining housing, helping tenants meet the obligations of tenancy and increasing independence.
- In treatment programs, rehabilitation may be a goal.

Staff

- In treatment/transitional programs, most services are on-site.
- Permanent housing often involves collaborations among agencies because of the diverse range of expertise needed to develop and maintain projects. This process of collaboration may be new to some providers and managing these relationships are essential to the success of the project. (*Mention management and service training*).

Agencies should evaluate their capacity to run a supportive housing program from the get go and throughout the early stages of running a program.

LEARNING POINTS

Providers are often surprised at how different permanent housing projects can be from other programs their agency has run. Considering these differences early on in the life of the project can help providers develop successful residences.

B. PREPARING FOR THE FIRST YEAR

1. Time Frame

REFER TO HANDOUT: #1. MILESTONES AND ISSUES IN THE FIRST YEAR

TRAINER STATES:

We will briefly review these milestones now and discuss them further when we address interventions for assisting residents in the transition to permanent housing and program development strategies.

TRAINER NOTE: Divide trainees into 3 groups. Ask each group to brainstorm and list the tasks that must be addressed in the first year. Review each group's results with all participants and list them in the time frame as follows.

PRIOR TO CONSTRUCTION:

- develop program goals, service philosophy, tenant profile
- translate goals into services
- determine staffing pattern
- establish agreements with service partners
- develop core policies and procedures including intake
- develop core house rules

FIRST 3–6 MONTHS:

- anticipate reactions to move in stress & help tenants to manage
- assist with tenant move in
- implement new tenant orientation (building & neighborhood)
- develop plan for rent payment (when, where, arrears planning)
- outreach and engage new tenants
- diffuse anxiety about the change

ONGOING:

- establish and maintain linkages with providers
- facilitate tenant involvement in services design, developing house rules
- revise policies and procedures to fit changing needs of housing

2. Why Prepare

TRAINER ELICITS:

WHY DO YOU THINK IT IS SO IMPORTANT TO BE AS PREPARED AS POSSIBLE BEFORE OPENING YOUR RESIDENCE? [Expected response include:]

- **Busy and Stressful Times**

Rent up and period following it are hectic times. Staff and tenants don't yet know each other or what to expect. Everyone in the community has many things to deal with all at once and it can be a stressful time. Stress can result in an increase in crisis situations.

- **Routines Not Yet Established**

There will be numerous kinks in the coordination of services during the first year of opening a residence, including program linkages, staff roles and the development of operating policies and procedures.

3. How to Prepare

REFER TO AND REVIEW HANDOUT: #2. PREPARING FOR THE FIRST YEAR OF OPENING A SUPPORTIVE RESIDENCE

TRAINER NOTE: Briefly review this handout together with trainees.

TRAINER STATES:

Many of the issues listed on this handout will be discussed in more detail when we talk about assisting residents in the transition to permanent housing and program development strategies.

LEARNING POINTS

When we plan for the variety of issues that arise in the first year of opening a residence, we are better able to cope with them, avoid crisis situations and provide better services for our tenants.

II. UNDERSTANDING ADJUSTMENTS FOR THE INDIVIDUAL IN THE TRANSITION INTO SUPPORTIVE HOUSING

A. UNDERSTANDING THE IMPACT OF HOMELESSNESS

REFER TO HANDOUT: #3. UNDERSTANDING THE IMPACT OF HOMELESSNESS

TRAINER NOTE: Ask trainees to close their eyes and imagine being homeless and without money or supports. *Think about feelings as well as practical issues, such as where do you sleep, how do you get food and how do you protect yourself?* The trainer should acknowledge that we are in no way attempting to trivialize the impact of being homeless, but rather attempting to think about the situation for the purposes of increasing empathy. Give trainees about 3 minutes to think quietly. During this time, the trainer can put the following topics on newsprint and leave room to write in responses: EXPERIENCES, LOSSES, STRESSES, FEELINGS/BEHAVIORS.

1. What Experiences the Formerly Homeless Tenant May Bring to New Housing

TRAINER ELICITS:

NOW THINK ABOUT BEING HOUSED AND WHAT ISSUES YOU MIGHT BRING TO THE EXPERIENCE. CONSIDER YOUR EXPERIENCE AS A HOMELESS PERSON AND HOW YOU HAVE SPENT YOUR TIME. HOW WILL THIS DIFFER IN HOUSING? HOW WILL YOUR RELATIONSHIPS WITH PEOPLE CHANGE?

TRAINER NOTE: Record responses under EXPERIENCES on the newsprint.

- homeless people have often have been “burned” by the system — need to be brought into a positive helping relationship. Often times, this is not their plan and they may come in seeing services as irrelevant to their own needs
- homeless people often have little or no support system and are no longer familiar or comfortable with establishing new relationships
- many homeless people also carry a diagnosis of mental illness and the losses and reluctance to engage can be even more pronounced
- while homeless, all energy has been focused on survival & getting housing — this provides a structure that could fall apart upon move in...fear of how to spend time and fill a day
- homeless people often possess strong survival skills that we can build upon — it’s important to recognize these skills, convey our respect and acknowledgement to tenants and determine how these skills can be effective in the new setting. For example, someone who was able to secure financial entitlements must possess skills needed to negotiate complex systems. This same skill can be useful in many jobs.

2. Losses Associated with Being Homeless

TRAINER ELICITS:

PEOPLE WHO HAVE BEEN HOMELESS HAVE EXPERIENCED A NUMBER OF SIGNIFICANT LOSSES. THE STRESS OF MOVING CAN CAUSE PEOPLE TO BE VIGILANT IN THEIR EFFORT TO HANG ON TO THINGS THEY'VE LOST IN THE PAST. WHAT ARE SOME OF THE THINGS HOMELESS PEOPLE HAVE LOST THAT THEY WILL LIKELY BE HOLDING TIGHT TO?

- privacy
- control
- power
- pride
- possessions
- self-esteem
- family

TRAINER NOTE: Record responses under the LOSSES section on newsprint.

B. POST MOVE-IN STRESSORS

TRAINER STATES:

Stressors associated with moving are significant for all of us, but the effects can be devastating for individuals with a history of mental illness, abuse or homelessness. We tend to expect only negative transitions to be problematic, but any transition can be stressful. A basic premise of case management is to watch the transitions & support people through them. Interventions will be discussed later.

TRAINER ELICITS:

WHAT ARE SOME OF THE STRESSES YOU ASSOCIATE WITH A MOVE TO PERMANENT HOUSING?

- Fear of failure or of losing the new housing
- New routines, friends, rituals
- Uncertainty about norms of behavior in the new community
- Overwhelming sense of freedom (particularly for those coming from more controlled environments)
- The stress of being asked very personal questions by a stranger or someone you don't know well

TRAINER NOTE: Record responses under STRESSES on the newsprint.

C. FEELINGS AND BEHAVIORS TO EXPECT

TRAINER ELICITS:

THINK ABOUT THE FEELINGS AND BEHAVIOR A HOMELESS PERSON MIGHT HAVE UPON OBTAINING HOUSING. REMEMBER TO INCLUDE BOTH NEGATIVE AND POSITIVE FEELINGS.

- guilt/shame
- fearful
- stigmatized
- insignificant
- loser
- anxious
- frustrated
- uncertainty
- happier
- safer
- elated
- angry

Behaviors that we might see include:

- Isolation/self-protective
- Irritability or hostility
- Hoarding
- Demanding/needy
- Self-destructive
- Unmotivated

BRIEF LECTURE:

REFER TO HANDOUT: #4. PSYCHIATRIC DECOMPENSATION AND RELAPSE

More specifically, we might see psychiatric decompensation and substance use relapse.

PSYCHIATRIC DECOMPENSATION

The term “decompensation” means a breakdown or failure in a person’s defense system (i.e., their ability to “compensate” for symptoms in such a way as to enable them to function on a daily basis).

A similar term is “relapse,” which is often used to refer to the act of returning to drug use after a period of recovery.

In general, when we use the term decompensation, we are referring to a decrease in functioning. A decompensation does not always indicate that a crisis will occur, but if we do not assess and address it, it is unlikely to go away and may indeed escalate into a crisis situation. There are usually warning signs of decompensation prior to the occurrence of a crisis.

In assessing for a decompensation of any nature, it is optimal to know what a person’s “normal” or **baseline level of functioning** is.

That is why we want to know as much about the person as possible as quickly as we can.

TRAINER ELICITS:

WHAT ARE SOME WAYS WE CAN GET THIS KNOWLEDGE EARLY ON [Expected responses include: referral sources, intake, early engagement to the extent possible]

TRAINER ELICITS:

IS SOMEONE HEARING VOICES AN INDICATION OF DECOMPENSATION?

BRIEF LECTURE:

If a person always hears a voice saying that the world is an unjust place, even with medication, and is functioning well, we know that this alone is not an indication of a decompensation — this is their “baseline” or “normal” functioning.

However, if the same person reports that the voice is now telling him that the world is unjust and therefore will soon end, we would want to explore this change and assess what this means to the resident (e.g., is he planning to take any action based upon the voice's new information? Is this making him feel depressed?, etc.)

The more we know about the person, the better we will be able to assess for the potential of a crisis. What are "normal" behaviors and responses for this person? What is their particular pattern; their unique sleeping and eating schedule, etc.? One of our most important jobs is noticing changes, even subtle ones, while we are involved in many other tasks throughout our day.

TRAINER ELICITS:

WHAT ARE SOME CHANGES OR "WARNING SIGNS" WE WOULD LOOK FOR IN A RESIDENT THAT MIGHT INDICATE A PSYCHIATRIC CRISIS DEVELOPING? [Expected responses include:]

Changes in a person's normal routine such as:

- sleeping
- eating (too much, too little) — changes in ADLs (body or living space)
- med non-compliance

Behavior changes such as:

- isolation
- agitation
- paranoia
- depression
- mania
- increase or change in hallucinations (louder, more frequent, becoming more negative in content, etc.)
- Resident refuses treatment for physical illness or injury or psychiatric condition.

The earlier we can identify the beginnings of a potential decompensation, the more *likely* we can avoid an acute emergency situation.

RELAPSE

BRIEF LECTURE:

With addictions, relapse is the rule rather than the exception. Feeling happy or sad can trigger relapse. All the feelings associated with moving can trigger relapse.

We need to reframe thinking about relapse as a failure to an opportunity for learning. All that has been gained is not lost.

TRAINER ELICITS:

HOW DO YOU FEEL WHEN A RESIDENT RELAPSES? [Expected responses include: angry, frustrated, hopeless, helpless, ashamed, afraid, dissatisfied]

These are the same feelings that the resident feels. We want to help the person to work through feelings of guilt, fear, shame, hopelessness, etc. In offering support, we help to avoid demoralization. Explore the events, thoughts and feelings leading to the relapse. How a relapse is handled can determine the outcome. If our intervention is perceived as judgmental or negative, the chances of the resident re-entering the stages of change is diminished and the time to re-investigate sobriety is prolonged. In essence, we can unwittingly take an active role in undermining the recovery process. Relapse can be used as an opportunity for learning.

Changing addictive behavior is not linear. Rather, a spiral pattern best illustrates how most people actually move through the process of change.

Again, be sure not to assign blame or shame but rather normalize the process and educate the person.

Signs Of Relapse

There are many signs of relapse. These signs can be different from person to person but some of the most basic signs are:

Behavioral Signs

Signs can include changes in eating, sleeping patterns and drug dreams. Often times, people may start missing appointments with worker or outside medical appointments. They may stop attending program and groups.

Feelings/Mood

For some people, changes can include shifts in impulse control, agitation and frustration. Often, a client will become bored or self-doubting and isolate from staff and support systems. Others may increase bravado and become cocky.

Note that not all changes are due to relapse. There may be changes due to circumstances or decompensation. A positive therapeutic relationship is important as it allows the worker to know the person well enough to assess the situation.

Thoughts

Feelings of "I deserve a break" and "This is worse (sobriety)!" It is important to remember that client's, especially those who have not adequately grieved their loss of addiction, can ease back using this thinking. Sobriety is difficult and recognizing that relapse is a part of the stages of addiction, it is easy to see why a client may use this rationalization to pick up.

Other thoughts might include, "Maybe moderation is okay," "What's the point?," "I wish I could have fun," etc.

Staff needs to be trained in how to work with the issue of substance use. Teaching and discussing with residents about these relapse cues is an important intervention. Each person will have their own unique cues to watch for and develop strategies for addressing. The key is to be aware of changes so we can take action to avoid a relapse.

It is important to know how to engage people who are in denial.

LEARNING POINTS: The impact of being homeless can not be underestimated if supportive housing providers are to understand and meet the service needs of the people they house. The impact is complicated further if someone also carries a mental illness diagnosis or is chemically addicted. Once people move into housing they may temporarily experience relapse and/or psychiatric decompensation.

III. ASSISTING RESIDENTS WITH ADJUSTMENTS TO PERMANENT HOUSING

A. SERVICES TO ASSIST IN THE ADJUSTMENT TO PERMANENT HOUSING

REFER TO HANDOUT: #5. HOUSING SKILLS & SUPPORTS CHECKLIST

TRAINER NOTE: This handout lists the types of skills needed for living in the community. Trainees can use it as a guide to highlight the types of supports tenants might need in the transition to housing. Trainer should review handout. Go back to newsprint and add bold headings listed below describing what we can provide to help ease the transition. Elicit specific information using the headings to focus the discussion.

TRAINER ELICITS:

THINK ABOUT WHAT YOU FELT WHEN YOU IMAGINED BEING A HOMELESS PERSON WHO WAS RECENTLY REFERRED TO HOUSING. WHAT WOULD HAVE HELPED TO EASE YOUR TRANSITION AND MAKE YOU FEEL MORE COMFORTABLE IN YOUR NEW HOME?

Safety — because moving involves major change and instability, creating an environment that is safe, secure and predictable is crucial to helping tenants feel in control.

- establish predictable routines whenever possible (for groups, meetings, snack or coffee time, and social activities)
- let tenants know that staff is there to help them and that even when staff leaves for the day, arrangements have been made for after-hour safety
- teach staff how to manage and intervene in crisis situations and to avoid having conflicts escalate
- develop effective policies and procedures for dealing with emergencies and teach all residents evacuation, fire and safety procedures
- develop relationships with the community police
- provide supports to help all tenants maintain their individual stability

Support & Acceptance — along with feeling safe, new tenants can be made to feel welcomed and supported. Some people have a tendency to isolate and it can be helpful to reach out to them so they know they are important and a part of the new community. It is also important to let people know what is expected of them and what behaviors are acceptable.

- orient new tenants
- provide coordination among service providers
- develop support groups and "buddy" systems
- provide individual case management assistance

- assist tenants in pursuing their self-identified goals
- foster natural support networks and empower tenants to take control of their environment
- assist tenants with personal hygiene, social skills and discussing codes of conduct especially for common spaces
- link tenants with the larger community outside the residence by inviting the outside in for art shows, AA meetings, etc. and by looking for opportunities for interacting with the outside for common purposes such as community improvement (more in community building curriculum)
- provide opportunities for recreation and socialization
- assist tenants in establishing & pursuing their own goals rather than our imposed ones — to do this, tenants will have to trust us enough to discuss these highly personal matters and this requires first building trusting relationships
- staff can look for opportunities to involve tenants in decision-making and this, in turn, can help people feel both connected and in control — this might take the form of tenant meetings, formal evaluation of the service program or a suggestion box made available to tenants

Opportunities to Achieve Goals — starting with the intake interview and from the day they move in, tenants can be given clear indications that this is a place to grow and improve, not a dead end

- case managers should meet with all new tenants and establish a plan for how services might be most beneficial to each individual
- the focus on productive lives includes helping people build skills needed to reach their goals — it is helpful to break goals into smaller steps and give real life information about what is required to reach them...problems or obstacles become steps along the way (example — want to become a doctor, need to go back to school, which requires getting a graduate equivalency exam, improving hygiene, reducing alcohol intake, etc.)
- offer linkages to mental health and substance abuse services both on- and off-site when possible to meet range of needs (some people won't go out for an appointment, other people feel having treatment-related services where they live is too invasive)
- groups to reduce stigma associated with special needs
- assistance managing medications and/or doctor appointments

Assistance Meeting Obligations of Tenancy to Help Maintain Housing — as we discussed, many new tenants will fear this housing might soon be yet another failure and they might seek to sabotage their own efforts before they invest emotional time and energy in trying to make it work...case managers can help new tenants see this as an opportunity to succeed and that services are there specifically to ensure that this is indeed the case...they aren't doing it alone this time

- provide financial planning assistance to help tenants with budgeting, paying rent, making money to reach goals
- provide employment-related assistance and help getting & keeping a job
- assistance learning housekeeping skills, including room clean-up, shopping for cleaning supplies, laundry, food preparation & clean up.

REFER TO HANDOUT: #6. SUPPORTS NEEDED IN HOUSING

LEARNING POINTS

We have a responsibility as service providers to make sure the services we offer residents (who are adjusting to a move to permanent housing) are relevant to their needs. Consider what will make people feel connected and comfortable in their new homes.

B. DEVELOPING TRUSTING RELATIONSHIPS WITH TENANTS

BRIEF LECTURE:

DEFINE THE HELPING RELATIONSHIP

TRAINER NOTE: Using newsprint, compare the professional relationship to a friendship and highlight the differences.

IN A PROFESSIONAL RELATIONSHIP:

- our goal is to help tenants maintain their housing
- is not reciprocal
- information is confidential — can't gossip about tenants
- we should not take things personally
- we must set limits
- we must set limits on what we disclose about ourselves

IN A PERSONAL RELATIONSHIP:

- we have different goals with different people
- the relationship is reciprocal
- we can gossip to friends
- we take things personally
- we don't have to set limits
- we can disclose as much as we want

TRAINER STATES:

Now we will briefly talk about developing a trusting relationship with our residents. There is a case management training that goes into this information much more in depth. In order to get to know tenants, staff must be available. This usually means hanging out in common spaces, providing coffee or snacks and other non-threatening opportunities for tenants to look at the service scene without needing to commit to anything. Above all, remember that every individual is unique and different things will work to engage different people — be creative!

REFER TO HANDOUT: #7. ENGAGEMENT STRATEGIES**TRAINER ELICITS:**

WHAT ARE SOME OF THE WAYS YOU ENGAGE PEOPLE? DISCUSSION SHOULD INCLUDE:

Listen

- talk and get to know people
- reflect back what you hear and check meaning
- ask open-ended questions but avoid being overly intrusive
- explore and don't *assume* you know a person's background or what s/he might want, need, feel
- tune in to emotional content & validate feelings
- pay attention to body language

Show Respect

- keep value judgements out of it
- don't personalize tenants' negative words or behaviors

Build Trust

- be consistent in words and actions
- follow through and do what you say you'll do
- be honest
- allow time...it takes time to build a relationship

Define the Helping Relationship

- clarify our role and how we can be helpful
- provide what is needed, often this is concrete assistance
- partialize problems or break them down into smaller steps
- normalize/universalize problems
- engage people in choices about their lives

LEARNING POINTS

We can be friendly towards our residents without being their friends. It is important to make this distinction if we are to effectively engage them in a helping relationship.

C. CASE EXAMPLES: HOW PEOPLE COPE WITH MOVE IN STRESS

REFER TO HANDOUT: #8. CASE EXAMPLES — REACTIONS TO MOVE IN

TRAINER STATES:

Now we will practice some of the skills we have discussed. The issues highlighted in these cases will just be touched upon today; for more information, attend the case management training. Let's read the following cases together and discuss what might be going on for this person (assessment) and how you might engage and assist her or him. Note additional information you would like to have.

TRAINER NOTE: Have one person read each case aloud and discuss as a large group.

- Margaret moved from the shelter after being there for nine months. She had been described as an outgoing person who enjoyed participating in groups and activities. After moving into the permanent residence, she said she'd prefer if staff did not disturb her, and she was rarely seen out of her room.
(key points: Make consistent attempts at engagement, let her know when you'll be looking for her, give some structure to your interactions. Find out her interests and attempt to discuss why she's not participating anymore. If she tells you to get lost, leave and say, "O.K., I'll check-in with you tomorrow." It might be helpful to be specific about the time and place you can meet to avoid surprising her.)
- Bob had been working part-time in a bookstore for almost a full year before moving into the residence. A few weeks after moving in, he stopped showering or changing his clothes, which was unusual behavior for him. He continued to go to his job disheveled and smelling badly.
(key points: Needs assessment. Note that this is not his typical level of functioning, so we might consider possible mental illness or substance use. If he likes and wants to keep his job, this might be the way to approach the problem — these behaviors could cause him to lose his job.)
- Diane moved into the residence and immediately became involved in almost every activity offered. She began to organize her own tenant's meeting in addition to heading up committees for gardening and the on-site library. She even found time to volunteer to organize the computer lab.

(key points: How are other people reacting to her? Sometimes more quiet people defer to the overt types and the result might be that she ends up with too much input. Is this level of involvement healthy for her? Are there other things she's avoiding?)

- Ed has been in and out of shelters for the past 14 years. He worked hard to get into this permanent residence, and everyone who knew him was shocked when he left his room and was found sleeping on a bench in the park a couple of months later. All Ed would say is that "It didn't work out like I'd planned."
(key points: Need to engage Ed and assess what he'd planned and how the reality did and did not compare. What did he like about the shelter or what needs were met there that were not being met in the permanent housing? How did Ed socialize? Sometimes people get used to panhandling or other similar interactions as a means of meeting people).
- Nothing seems acceptable to Betty. She was given a full set of new, recently donated, beautiful Laura Ashley sheets and curtains for her room, and her only response was that they had not been the color scheme she'd planned for. It seemed to be the last straw for her caseworker, who felt very angry.
(key points: Nature of work — rarely get thanked — more typical to hear complaints. Remember that formerly homeless people have imagined getting housed for a long time and often the reality is a let down. If someone spent years on the street waiting for a suitable place to live, it's easy to find fault with the housing in an effort to legitimize the years of waiting. We all want control over our lives — not donations. Is the worker getting enough "thanks" from supervisors?)
- Tom has a history of drug addiction but has been sober for six years in the shelter. After moving in, his personality changed and staff suspects he might have picked up.
(key points: Relapse is the norm for substance abusers and stress of move in often results in picking up. Want to provide support around the slip, not set up a situation where Tom has to hide it. Open dialogue in non-accusing way).

LEARNING POINTS

Individuals react differently to stress and moving. The better we know our residents as individuals, the more accurately we can assess what is and is not typical behavior for them, and the better we'll be able to offer support and relevant services.

IV. PROGRAM DEVELOPMENT STRATEGIES

REFER TO HANDOUT: #9. SUPPORT SERVICES PLANNING WORKSHEET

This handout can be helpful to use for considering what type of services you will offer.

TRAINER NOTE: If trainees are interested in additional information, they may want to attend the case management training. Today, the focus is primarily on services that assist tenants during the initial first year adjustment period, though many of these services will be ongoing. Quickly review the handout with the group.

A. ESTABLISH CLEAR AND REASONABLE GOALS AND EXPECTATIONS

REFER TO HANDOUT: #10. PROGRAM GOAL CONSIDERATIONS

1. Purpose of Clarifying Expectations

TRAINER ELICITS:

WHY DO WE HAVE GOALS AND HOW DO YOU THINK THEY HELP US PROVIDE BETTER SERVICES?

- focuses the work
- drives every aspect of program design (staff hired, residents accepted, services offered all depend upon this)
- all members of community (staff & tenants) should be on same page with what is expected of them. Clarify behaviors that are both desired and not acceptable. From the time of admission tenants should have a clear understanding of what is expected of them, and this should be reinforced frequently.

2. Case Examples: Translate Program Goals into Staff Activities

REFER TO HANDOUT: #11. TRANSLATING GOALS INTO SERVICES: PRACTICE EXERCISE

TRAINER NOTE: Break trainees into small groups and divide the cases evenly among the groups. Ask trainees to describe the goals they are given in terms of services and program implications. They should come up with as many interpretations as possible for each goal. Once they have interpreted the goal, think about how the goal can be translated into services. Trainees can also make suggestions about how these goals might be re-worded for clarification. Each group will come up with a variety of different program suggestions, depending on their interpretation of the goal.

- Our goal is to provide services and create an environment that fosters health and sobriety.
(key points: Does this mean sober housing, Harm Reduction? Will relapse be worked with or will people be asked to leave? Once the group decides what their interpretation is, they may come up with some of the following service suggestions. Referrals to mental health and substance abuse programs, in-house groups and activities related to recovery, nutrition, exercise, medication management, living with a mental illness, aging gracefully, having fun while living clean and sober, etc.)
- Our employment services and jobs are designed to meet a wide range of skill levels, needs and interests, and are available to all tenants.
(key points: Once meaning of the goal is clarified, possible in-house groups on employment can be set up, in-house and transitional jobs might be available, as well as connections for competitive employment, issues of substance abuse policy is relevant as well.)
- We strive to maximize resident choice in all aspects of our program.
(key points: can include tenant input in program design and evaluation, tenant meetings, provide a suggestion box, create an environment where people feel it's o.k. to make suggestions and that they are appreciated)
- Our goal is to serve everyone who could benefit from our housing and services. We will accept all applicants to our housing as long as they are committed to improving their lives and maintaining their housing.

(key points: How do you assess who is committed to improvement? What about someone who wants to improve but is a potential danger or nuisance to the community? Are there some service needs beyond your capacity to deal with in your setting? Refer to intake section of training where we discuss tenant profile. Once it is clear who you will be accepting, it will be possible to come up with a variety of service possibilities.)

- In an effort to support the sobriety efforts of our tenants, we have developed a sober residence and drinking and drugging will not be tolerated.
(key points: How do you know who is using? Substances affect different people differently, and one person could use a lot and function normally while another might use a little and act totally out of control. Once drugs and alcohol are outlawed in a residence, tenants are forced to hide use and this contradicts many program goals of assisting residents with their sobriety issues).
- Service staff will assist tenants in reaching their self-identified goals.
(key points: Goes back to importance of engagement — goals can be personal and until we get to know people, they might not tell us what is important in their lives. Tenants should be involved in actively working on their service plan and understand the steps to reaching their goals. Example — if someone’s goal is to get a law degree, steps along the way would include removing obstacles presented by substance use, mental illness or whatever else interfered).
- Our building houses a mixed tenancy and people with special needs will participate in groups and activities alongside low income working people and others without identified special needs.
(key points: After interpreting the goal, services may include groups that help people understand special needs, perhaps mentor programs from working tenants to help others find employment, peer led groups, etc.)
- Our goal is to involve tenants in planning and evaluating the service program.
(key points: How will their input be solicited and utilized? Tenant meetings, suggestion box, create environment where it’s o.k. to criticize.)

LEARNING POINTS

Goals focus our work and drive our program design. It is helpful to revisit program goals often during the first few years of opening a supportive residence. Check to see that *every* service offered is meeting an intended goal. Goals mean different things to different people, so all staff should be clear on the interpretation.

B. DEVELOP BASIC POLICIES AND PROCEDURES

REFER TO HANDOUT: #12. DEVELOPING POLICIES AND PROCEDURES

TRAINER'S NOTE: Depending upon time, you can review the handout or just refer to it and ask trainees to look at it on their own.

1. Purpose of Policies and Procedures

TRAINER ELICITS:

HOW DO YOU THINK POLICIES AND PROCEDURES HELP YOUR PROGRAM?

- help maintain smooth running program
- free up staff time (reinvent the wheel during each situation w/o them)
- provide support to staff & reduce anxiety of not knowing how to handle various situations
- way to orient new staff
- create a fair & consistent way of dealing with issues/situations

2. Definition and Tips for Developing Policies and Procedures

BRIEF LECTURE:

Rules often become confused or fused with policies and procedures. It is important to keep these separate.

Difference Between Rules and Policies/Procedures

Rules involve behaviors and consequences for failing to comply; policies and procedures involve systems for operating the residence in an orderly and consistent manner. Policies and procedures specify who is responsible for what in various situations likely to arise in a residence.

How to Organize Your Policies & Procedures

Consider developing different manuals for specific purposes or dividing your p&p manual into different sections as different people will be involved in different aspects of the program (example — one for the front desk staff, one for the employment program, another with general emergency procedures, etc.)

Elements to Include in Each Policy & Procedures

- who does what
- when or how often is it done
- how is it done (in writing, in a meeting, etc.)
- what resources are available (staff on call, log books, forms)

3. Specific Areas to Include in Policies & Procedures

BRIEF LECTURE:

TRAINER STATES:

These are areas that programs need to have in place when residents begin to move in. As time goes on, you might develop others as issues arise in the day-to-day operations of your residence.

- **Front Desk/Security**
These policies and procedures would include information about overnight guests, visitors and deliveries
- **Intake**
Include criteria for acceptance, interview schedule and contact phone numbers — more on intake to come
- **Employment Program**
Criteria for acceptance into the employment program, rules about behavior on jobs within the residence, staff roles. An employment manual or employees handbook may also be helpful if the agency plans to hire tenants. This might include information about pay, holidays, sick days, leave of absence, etc.
- **Staff Orientation**
Include contact names, titles and phone numbers, policies regarding staff roles & responsibilities. Staff can identify gaps in information and add to the manual as time goes on to make it helpful.
- **Tenant Orientation**
Include information of interest to tenants about services in & outside the building. Include staff titles and phone numbers, information about the location of services, building layout, tenant responsibilities, locations of restaurants, banks and public transportation. Tenants can help orient new tenants and often have a good idea of what is helpful.
- **Medication Management**
Include legal ramifications such as not dispensing or touching medications but helping to manage. Include sample log pages for medications, and dosages and procedures for dealing with missing medications and/or handling controlled substances.

- **Emergency Procedures**

Refer to the Crisis and Conflict training for more information. Assessment steps, when to seek outside help from EMS or on call staff, roles of staff, communication with tenants about various emergencies, evacuation procedures, fire or smoke alarm, writing & filing incident reports

- **Building or Property Management Procedures**

Who is responsible for cleaning which areas, emptying trash cans, dealing with vending machines that don't work, making repairs, and who has access to tenants rooms

4. What to Include in Policies and Procedures

- layout of facility and available resources
- phone numbers and contacts with titles
- tenants responsibilities
- staff roles and responsibilities
- emergency procedures

TRAINER NOTE: Divide trainees into groups and assign each group one or two of the specific policy areas. Ask them to write a quick policy that could be used in their residence and present it to the larger group for critique.

C. DEVELOP HOUSE RULES

REFER TO HANDOUT: #13. SAMPLE CORE HOUSE RULES FOR SUPPORTIVE HOUSING

1. Guidelines for Developing House Rules

BRIEF LECTURE:

- **Keep it Simple**

Less is more and pages that can't be communicated are irrelevant at best and wreck credibility of those who propose them at worst.

- **Involve Tenants**

Advantages include tenants incorporating them into practice & reminding others to do so, reflect & help influence the culture of a building — help tenants envision the environment they want, process of staff & tenants working together to develop them is in itself beneficial, it is a time-consuming process and the more help, the better change rules as needed

- **Make Sure Rules Are Enforceable**

Importance of consistency to avoid favoritism, look for other ways to get what you want if a rule is found to be unenforceable. Be clear about consequences for violations of rules. For example, if someone is verbally abusive, s/he will be banned from the lounge for that day. Consequences might include being barred from the program space, denied access to resources or activities, a warning letter from management notifying the tenant of the violation or calling 911 and involving the police.

2. Steps to Develop House Rules

BRIEF LECTURE:

- start with core set from staff that includes only the essential structure needed to support an environment of order
- distribute to tenants during intake, add to orientation packet, and/or post
- involve tenants in refining & further developing — start a house rules committee & be aware of both the process & the product — define the purpose of the committee, encourage anyone who has expressed dissatisfaction to get involved, make efforts to create a diverse group, identify which rules are not negotiable & why from the start

TRAINER NOTE: Refer to Community Building training for more info on facilitating tenant involvement.

- revise as needed — create a structure & process for reviewing to make sure rules meet needs of current tenants

REFER TO HANDOUTS: #14. TIPS FOR DESIGNING HOUSE RULES IN SUPPORTIVE HOUSING; #15. TIPS FOR STARTING A HOUSE RULES COMMITTEE

TRAINER NOTE: Trainer will review these handouts with participants.

LEARNING POINTS

Policies, procedures and rules all help create a secure, stable environment. Although the initial investment of time may be substantial, in the long run, having these in place will *save* time and lead to the development of a successful residence.

D. ESTABLISH RENT UP PROCEDURES

REFER TO HANDOUT: #16. INTAKE CONSIDERATIONS

TRAINER NOTE: Trainer will review this handout with participants.

1. Doing Intake

TRAINER ELICITS:

WHAT TASKS COME TO MIND WHEN YOU THINK ABOUT DOING INTAKE? RESPONSES WILL INCLUDE:

- **Outreach**
Get to know sources, provide presentations about the tenants you're looking for, create public relations materials, teach staff and/or tenants presentation tips
- **Develop and Write Criteria for Acceptance**
Keep it objective, clarify expectations, create a tenant profile. Put this information in writing so that it can be easily revisited
- **Develop and Write Reasons for Rejection**
Typical reasons include credit problems, eviction history, criminal history, rent payment problems, and/or safety/health risks
- **Develop an Interview Process**
Include number of interviews, schedule of process, whether or not you will have a waiting list and how long names will be held, sample form letters for confirmation of received applications, steps in process, rejection/acceptance, appeal process
- **Make Decisions About Unit Selection**
Will rooms be distributed on a first come, first served basis, or will choices be permitted, how will special accommodations be handled
- **Develop Forms**
Include move-in paperwork, lease, house rules, welcome guide

2. Specific Interview Considerations

REFER TO HANDOUT: #17. INTERVIEW AND ASSESSMENT AREAS

TRAINER STATES:

It is extremely important to review your interview questions with a lawyer prior to starting your interview process. One general rule of thumb is to make sure that any question you ask of any one applicant must be asked of each and every applicant. Keep in mind your goal in interviewing applicants: to decide who will be able to meet the obligations of tenancy and what levels of supports they will need to do so.

TRAINER ELICITS:

WHAT ARE SOME GENERAL CATEGORIES YOU WOULD WANT TO KNOW ABOUT WHEN INTERVIEWING POTENTIAL TENANTS FOR YOUR RESIDENCE? RESPONSES WILL INCLUDE:

- issues related to health and safety hazards
- ability to pay rent
- behaviors that could disturb others
- ability to follow house rules
- housing history
- medical and psychiatric history
- history of violence
- leisure activities and interests
- support network
- finances
- education
- employment
- activities of daily living skills
- community living skills
- history of substance use — tips for gathering s/a info: use all sources of info, incorporate questions about use throughout interview, remain non-judgmental & create a safe environment, ask specific questions about past use, family & friends use, specific substances, list specific questions

TRAINER STATES: Now I will briefly outline other interview considerations:

BRIEF LECTURE:

Intake and Case Record Forms

Can be helpful to set up case record files at time of intake and complete over time.

- interview questions
- confirmation of receipt of application
- acceptance/rejection letter
- appeal process
- client ID info
- service plan
- release of information
- psychosocial assessment
- medication management

Fair Housing Considerations

No discrimination based on disabilities, reasonable accommodations

When to Start Interviews

Too early and people find other housing before yours is available, too late and it is chaotic

Number of Interviews

Consider who will be doing the interviews and the information you want to get — property management usually interviews to find out about ability to pay rent, social services interviews to find out about service needs, and a tenant might interview to find out if the candidate would make a good neighbor

Training for Interviewers

Staff should have a clear understanding of the interview process, the criteria for acceptance and rejection and how to conduct interviews. Everyone involved should be prepared for difficult interviewees including people who arrive drunk or high, angry, weepy, etc.

Decision-Making Process

Who makes the ultimate decision & what is the appeal process? Everyone involved in interviewing should be clear about this process to avoid feeling that their input is not valued.

Communication with Applicants

Don't underestimate the time required for this task. Many calls will be coming in for information about the interview process or the status of applications. It can help to make up flyers with information and to designate one intake triage person to handle these communications.

REFER TO HANDOUT: #18. COMMON OBSTACLES TO A SMOOTH INTAKE PROCESS

TRAINER NOTE: Trainer will review this handout with participants.

3. Case Examples: Intake

REFER TO HANDOUT: #19. HOUSING INTAKE: CASE EXAMPLES

TRAINER NOTE: Break trainees into small groups and distribute cases evenly among the groups. Ask trainees to read the following cases and decide:

- What is the problem?
 - Who should intervene/decide a course of action?
 - What are possible solutions?
 - Are there policies or procedures that could be developed to clarify these situations?
-
- Bob is a pleasant young man who breezed through his interviews with social service and property management staff. The final interview, with two tenants, did not go so well. One of the tenants recognized Bob as a dealer from his old neighborhood. The tenant gives you this information.
(key points: problem — how much input do tenants have? If this is not made clear from the outset, they can feel used and patronized by the process. Make clear roles & decision-making power in interview process)
 - A certain shelter has referred most of the tenants you've accepted into your residence. For the six months that you have been opened, the shelter has consistently been honest and referred qualified applicants. You recently accepted a mentally ill woman who tried to commit suicide within her first week of moving in. You called the shelter, and they mentioned information they had not given you about several such attempts in the past. The attempts were related to feelings about her mother's death, which precipitated this attempt as well.
(key points: problem — referral source not disclosing important information. Find out why — did they fear rejection if they told? Want to have good relationships with referral sources because we can better serve our tenants when we have all the facts.)

- Several staff members have been disagreeing about the legality of interview questions your program asks of potential residents. Some staff think it is against fair housing laws to ask anything about residents mental health or substance abuse histories. Other staff think that such questions are necessary in order to determine whether or not the program can accommodate the residents special needs.
(key points: problem — refer back to earlier point, talk to a lawyer. See bibliography for more resources on legal questions in housing. Basically, if you ask one, must ask all. Want to determine service needs to make sure you have the capacity to meet needs related to the person's ability to meet obligations of tenancy)
- In a staff meeting, the discussion leads to the fairness of the intake interview. The majority of staff think the process is too subjective and that decisions vary depending on the interviewer. Different staff members have different interview styles and different ideas of what it will take to succeed in this housing.
(key points: problem — lack of a standard for interview process — staff involved must be trained and as much information as possible should be available in writing regarding the process, interview questions, ideal tenant profile, "red flags" or reasons to immediately disqualify an applicant from the process).
- You have been assigned to do outreach in several shelters and hospitals to form a list of potential interviewees for your residence. You are surprised to find that the majority of people are not interested in the housing after hearing that overnight guests will not be allowed and that tenants are expected to participate in a program as a condition of residency.
(key points: problem — majority of tenants want housing and not anything like an institution. Rules about guests are not typical of "normal" housing nor are expectations about participating in a program. Staff will need to figure out ways to get the result they want through less intrusive means. Go back to program goals and see if problem policies actually fit with the goals. Most often they don't and can be revised or scrapped.).

LEARNING POINTS

During the first year of opening a residence, a large percentage of the requests for Technical Assistance and training have to do with intake-related issues. Interviewing and intake are time-consuming responsibilities with significant impact on the success of a residence. Providers are well-advised to train and prepare staff for the initial rent up period.

E. DEVELOP A SERVICE APPROACH

TRAINER STATES:

Does your program have a philosophy or underlying set of beliefs that guides your approach to providing services? Has this approach been discussed amongst the members of your community?

TRAINER NOTE: Put the following five topics on newsprint and elicit considerations for each.

TRAINER ELICITS:

WHAT ARE SOME OF THE PHILOSOPHICAL FOUNDATIONS ASSOCIATED WITH THE FOLLOWING PROGRAM CONSIDERATIONS? USING PARTICIPATION FOR EXAMPLE, DOES YOUR PROGRAM BELIEVE THAT ALL TENANTS MUST PARTICIPATE IN SOME FORM OF SERVICES? WHAT BELIEF UNDERLIES THIS?

1. Participation

- ✓ condition of residency or not
- ✓ strongly encouraged
- ✓ required under any circumstances or to receive certain benefits?

2. How Will Staff Make Themselves Available to Residents

- ✓ 24 hrs
- ✓ centralized office on- or off-site
- ✓ in rooms
- ✓ max & minimum frequency of contacts
- ✓ on call

3. How Will Residents Access Services

- ✓ flex, based on need
- ✓ by appointment
- ✓ walk-in hours

4. Support Service Options

- ✓ individual appointments
- ✓ groups
- ✓ on-site
- ✓ links to outside

5. Staff

- ✓ staff-to-tenant ratio
- ✓ staffing pattern
- ✓ staff capacity
- ✓ structuring partnerships

REFER TO HANDOUT: #20. SUPPORTIVE SERVICES PLANNING WORKSHEET: SERVICE APPROACH AND STAFFING PATTERNS

Trainer reviews the worksheet handout with entire group.

LEARNING POINTS

Everyone has a philosophical approach to their work, whether it is stated or not. This guides the provision of services, and programs will benefit from discussing the approach and how it influences decisions about the program.

6. Staff Roles Needed During First Year

TRAINER STATES:

Now let's discuss some of the staff roles you'll need to fill in the first year of opening.

BRIEF LECTURE:

Intake Coordinator

Someone to coordinate the various intake-related responsibilities including: establishing a process from interviews to move in, supervising staff involved with intake

Outreach Coordinator

This might be done by the intake coordinator, depending upon the size of the project. This role involves outreach to shelters, hospitals and other facilities to seek potential tenants.

Interviewers

Staff & tenants must be trained to conduct interviews and time must be allotted for this important task.

Property Management & Social Service Coordinators

Having point people in charge can help establish clear communication channels.

Orientation/Move-In Assistance for Arriving Tenants

Tenants might want help moving in, setting up their rooms and learning about the new building and/or neighborhood.

Front Door/Security

Security staff can help enforce any visitor policies, such as sign in, and keep an eye on things when staff leaves.

7. Communication Structures

REFER TO HANDOUT: #21. STEPS TO DEVELOPING EFFECTIVE COMMUNICATION STRUCTURES

TRAINER STATES:

What communication structures does your program have in place to pass along information to the community? Think about gaps in communication where people do not have the information they need. Consider meeting structures — are the meetings you attend helpful? Could the information be communicated in other, less time-consuming ways? Do you find yourself in meetings where the information is not pertinent to your role? Now let's review some strategies for developing effective communication structures.

BRIEF LECTURE:

- **TIPS FOR DEVELOPING EFFECTIVE COMMUNICATION STRUCTURES**

TRAINER NOTE: Review handout: Steps to Developing Effective Communication Structures. Highlight the information below.

- consider who needs what info — this will determine who comes to which meetings
- start and end all meetings on time whether or not members are present
- set the tone of the meeting from beginning
- assign roles to group members to increase involvement
- add interest by inviting outsiders
- introduce complex issues ahead of time
- limit outspoken members
- minimize gossip — “need to move on”
- summarize decisions
- schedule follow-up meetings before leaving

TRAINER ELICITS:

WHAT ARE SOME OPTIONS YOU HAVE FOR RELAYING INFORMATION? RESPONSES WILL INCLUDE:

- meetings
- log books
- memos
- e-mails
- case records
- incident reports

TRAINER STATES:

Some of the types of meetings that programs have include:

- property management and social service coordinators meet at least monthly
- case managers meet together weekly
- supervisors meet with individuals they supervise on a weekly basis
- social service staff meet in its entirety every few months
- property management & social service staff meet in entirety every few months

TRAINER ELICITS:

ARE THERE OTHER MEETINGS THAT YOUR PROGRAM HAS? HOW OFTEN ARE THEY CONDUCTED?

LEARNING POINTS

There is a slippery slope to climb in trying to establish an effective and meaningful system for communication. It is easy to go overboard and attempt to have every person attend nearly every meeting, wasting valuable time in the process. Or conversely to give up on meetings altogether and hope informal communication structures will allow information to flow effectively. The guidelines we discussed today can serve as a framework for developing structures that will enhance communication in your residence.

F. anticipate and plan for Common Problems that Arise in the first **YEAR**

REFER TO HANDOUT: #22. ANTICIPATE AND PLAN FOR COMMON PROBLEMS

1. Problems & Interventions:

TRAINER ELICITS/BRAINSTORM AS LARGE GROUP:

WHAT ARE SOME OF THE DIFFICULTIES YOU HAVE FACED IN YOUR OWN PROGRAMS OR MIGHT EXPECT TO FACE IN THE FIRST YEAR OF OPENING A SUPPORTIVE RESIDENCE? HOW MIGHT WE ADDRESS THEM? DISCUSSION WILL INCLUDE:

- **Lack of Participation Among Tenants.** Often, staff develops lots of groups and activities, but they are not the ones of interest to tenants. Make sure tenants have maximum input into decisions about what is offered and how common spaces are used whenever possible.
- **Staff Burn Out.** It is not uncommon for staff in the first year of opening a residence to resent the heavy work load and feel unappreciated. Supervisors should recognize and plan for this and build in opportunities for acknowledging hard work publicly. Staff also often feels like the tenants are like sponges, and no matter how much you give, it's not enough. Important to support each other and remain professional. Also, don't expect tenants to thank you for all you do for them. Instead, plan on hearing about what you haven't done for them and be pleasantly surprised if it turns out otherwise!
- **Property Management and Social Services Staff Unclear What Each Other Are Doing.** This can lead to friction and it helps to clarify roles, expectations and revisit your mission & goals whenever things get confusing.
- **Referral Sources Withholding Information about Applicants.** Referral sources want the best for their clients and in an effort to get people accepted, might gloss over or even omit certain negative aspects of an applicant's history. It is important to establish relationships with these sources PRIOR to interview time. Go in and talk up the program, the type of tenants you are looking for and what services you will offer to help people keep their housing. Discuss the importance of getting as much information as possible about applicants in order to be clear of their needs in order to best serve them.
- **Police not Responding in a Timely Manner.** This sometimes is the result of taking over buildings that were formerly unserved and full of problems. The police might stop responding for a variety of reasons, but it is our job to introduce ourselves and describe the community we want to have.

- **Staff Confusion about What We're Supposed to be Doing Here.** It is helpful to go back to the service and housing goals whenever staff is unclear what to do about different situations that arise. Is it necessary, for example, to ban all prostitutes from the building? Does this infringe on a goal of your program? If so, what goal? If not, let it go and support each other in remaining non-judgmental, not trying to "fix" everything, and focusing on your goals & mission.
- **Chaos & Crises.** It is impossible to plan for every situation that might arise in a new residence, but as we've stressed today, the more planning you can do, the more likely you will be ready to deal with what does come up. Frequent crises might arise as result of lots of new tenants incoming at once and a lack of clarity about behavioral expectations. It can also be helpful to stagger staff schedules initially to provide coverage over the maximum hours possible and/or hire tenants or outside security.

V. CONCLUSION

TRAINER NOTE:

Bring closure to the training by reviewing the highlights of the day. Ask for questions & comments about the content and distribute other curriculum agendas for areas of interest. Ask trainees to complete the evaluation form and thank them for their participation.

TRAINER STATES:

We covered a lot of material today, and I'd like to briefly review the major points now.

TRAINER ELICITS:

WHY IS IT IMPORTANT TO PREPARE FOR THE FIRST YEAR?

It is a stressful time, full of changes, when we bring in all new residents that we don't yet know. There will be some surprises in terms of service needs and staff is likely to be at an all-time busy level.

WHAT ARE SOME OF THE WAYS WE CAN PREPARE OURSELVES FOR THIS TIME?

- Be clear about what you expect of tenants prior to starting interviews
- Develop a clear intake & interview process
- Plan and prepare for psychiatric decompensation & relapse
- Provide for continuity of services as much as possible
- Pay attention to tension times & centers
- Establish clear policies and procedures
- Clarify staff roles
- Develop effective communication structures